

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

9 3 — 1 7

2. STATE:

Kansas

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

Medicaid

4. PROPOSED EFFECTIVE DATE

5/10/93

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.201

7. FEDERAL BUDGET IMPACT:

a. FFY 93 \$ 700,000

b. FFY 94 \$ 5,300,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

ATT 4.19D, Part I, Subpart C
Exhibit C-7, Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

10. SUBJECT OF AMENDMENT:

Nursing Facility Methods and Standards for Establishing Payment Rates

11. GOVERNOR'S REVIEW (Check One):

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Donna L. Whiteman is the Governor's
designee.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Donna L. Whiteman

13. TYPED NAME:

Donna L. Whiteman

14. TITLE:

Secretary

15. DATE SUBMITTED:

June 17, 1993

16. RETURN TO:

Donna L. Whiteman, Secretary
Kansas Department of Social and
Rehabilitation Services
Docking State Office Building
Sixth Floor
915 Harrison
Topeka, Kansas 66612

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

06/30/93

18. DATE APPROVED:

AUG 29 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

5/10/93

20. SIGNATURE OF REGIONAL OFFICIAL:

Nanette Foster Reilly

21. TYPED NAME:

Nanette Foster Reilly

22. TITLE:

Acting
ARA for Medicaid & State Operations

23. REMARKS:

Schalansky
Day
00

SPA CONTROL

Date Submitted

6/29/93

6/30/93

KANSAS MEDICAID STATE PLAN

Substitute per letter dated 8/28/01

Attachment 4.19 D
Part I
Subpart C
Exhibit C-7
Page 1 of 1

Method and Standards for Establishing Payment Rates:
Nursing Facilities

Nursing Facility Rate Determination To Comply With Court Order

Effective May 10, 1993, payment will be made in accordance with the Memorandum and Order entered May 10, 1993, and the Order entered May 28, 1993, and any subsequent orders by the United States District Court of the District of Kansas in Case Number 93-4045-RDR.

AUG 29 2001

TN# MS 93-17 Approval Date _____ Effective Date 05/10/93 Supersedes TN# MS-New